Physician Credentialing in Pediatric Moderate Sedation for Specific Procedures and Sedatives

I, ___________________________, request to be credentialed in pediatric moderate sedation for the following procedures and sedative medications:

Procedures:
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

Sedatives:
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

My signature attests to having conducted 40 sedations for the above procedures in the past four years.

_______________________________
Faculty Signature

_______________________________
Division Head /Chairman Signature